

## DROP MEMBER RECORD ENROLLMENT IN THE RSA-1 DEFERRED COMPENSATION PLAN

DROP Rollover  
form to follow

**Retirement Systems of Alabama**  
**P. O. Box 302150 ♦ Montgomery, AL 36130-2150**  
**334-517-7000 or 877-517-0020**  
[www.rsa-al.gov](http://www.rsa-al.gov)

**Please type or print using black ink. All changes to this form must be initialed.**

Once your account is established, you will be sent the REQUEST FOR DROP DISTRIBUTION AND ROLLOVER ELECTION form.

**Name:** \_\_\_\_\_  
First Middle/Maiden Last

**Address:** \_\_\_\_\_  
Street or P. O. Box

City State Zip Code

**Social Security Number:** \_\_\_\_\_ - - **Sex:** ☐ Male **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Female

**Employer:** \_\_\_\_\_  
Agency Name Street or P. O. Box City State Zip Code

**Daytime Phone:** (\_\_\_\_) \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**My current status is:** ☐ Employees' Retirement System (ERS) member ☐ Judicial Retirement Fund (JRF) member  
☐ Teachers' Retirement System (TRS) member ☐ I am not a member of ERS, TRS or JRF.

**Please check one:** ☐ I am currently receiving a monthly benefit from RSA-1.  
☐ I am **not** currently receiving a monthly benefit from RSA-1.

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**Please read carefully as the following statements will apply to your RSA-1 account:**

- The RSA-1 Member Handbook will be mailed to you upon receipt of this form. I agree that I will be bound by the terms and conditions set forth in the handbook.
- I have designated my beneficiaries on the separate BENEFICIARY DESIGNATION form.
- I have completed an INVESTMENT OPTION ELECTION form.
- I understand that I may not withdraw this account unless I meet one of the following conditions:
  1. Separation from service through retirement or termination from employment
  2. The attainment of age 70 ½
  3. Unforeseeable emergency
  4. Cash-out provision for small account balances
- I understand that I may use my RSA-1 funds to purchase permissive service credit with a governmental defined benefit plan such as ERS and TRS.
- I understand that I may roll over my RSA-1 funds to a Section 401(k), 403(b), 457 plan or a Traditional IRA if I am eligible to take a distribution.

Your signature affirms your understanding of each of these statements concerning your RSA-1 account.

Signature of Employee in the presence of a Notary \_\_\_\_\_ Date \_\_\_\_\_

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STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Before me appeared \_\_\_\_\_, known to me to be the person who subscribed to the foregoing instrument on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

Seal

My Commission Expires \_\_\_\_\_